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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**MANUFACTURER'S SALES REPRESENTATIVES'
LICENSE APPLICATION FOR CIGARETTE,
CIGAR AND TOBACCO PRODUCTS**

Mail to: SC Department of Revenue, Registration Section, Columbia, SC 29214-0140

L-917
(Rev. 10/29/14)
4062

Notice: A tobacco license will not be issued to a person with any outstanding state tax liability.

1. Applicant's Name _____ SSN _____

Residence Address _____
Street or RFD _____ City _____ State _____ Zip _____

Telephone Number _____ Email _____

Vehicle: Personal ☐ Company ☐

Make	Model	License Number	State
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2. Manufacturer's Name _____

Address _____
Street or Box Number _____ City _____ State _____ Zip _____

NOTE: This office must be notified of any permanent vehicle change that takes place during the licensing period.

3. Applicant's Supervisor _____ Telephone Number _____

Address _____
Street or RFD _____ City _____ State _____ Zip _____

4. List all tobacco products by brands handled by Representative:

5. Location of facilities used to store tobacco products if other than residence:

6. Representative's territory:

1) Includes State other than S.C. Yes ☐ No ☐

If Yes, list other States _____

2) Includes all of S.C. Yes ☐ No ☐

If No, list all S.C. Counties _____

Have you ever been charged with a violation of any type of tobacco tax? Yes ☐ No ☐

If yes, state nature of violation, date of violation and in which state violation occurred. _____

I, _____ swear (or affirm) that the information contained herein is true and correct to the best of my knowledge and belief.

Signature

Title

Date

40621013